PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P970000 13531

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. Corporation Name TBLLogistics, Inc. dba IMS Couriers					900009769869 12/31/0201064002 **750.00			
2 Principa	Office Address	3. Mailing Office Ac	Box 273692	† 				
Suite, Apl. #, etc. 248C		Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 0/28/q1					
Boca Raton, FC		City & State	-5. FEI Number Applied For Not Applicable					
zip 334	86 U.S.	33427	Country U. 2.	6. CERTIFICATE	OF STATUS D	ESIRED		
	7. Name ee 9 Address of Current Registered Agent							
	Name Josephine Hazelton Hunt							
	Street Address (P.O. Box Number is Not Acceptable) >+h St. # 348 C							
	Suite, Apt. #, Etc. 248 C							
	City D				State	Zip Code		
	130ca Kat	idn	•		FL 3	3486		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 12 23 0 2 REGISTERED AGENT MUST SIGN								
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		1	
Pres.	JosephineHaze	Iton Hunt	1150NW13thSt	#248C	Bac	a Rotton, FC	-33486	
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 817, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been etiminated, the corporate name satisfies the requirements of section 607.0401 or 817.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: 12 23 0 2 (56) 361-0525								
SIGNATITY WIN TITED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Caving Phone 4								

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